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STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: The Faith Independent		2. DATE: 09-27-2018
3. FREQUENCY OF ISSUE: weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $ 39 in area/ $44 out of area (tax included)
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 106 Main Street/ PO Box 38, Faith, Meade, SD 57626-0038		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): See back of this form.		
6. FULL NAME OF PUBLISHER: Donald Ravellette		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME / COMPLETE MAILING ADDRESS: See back of this form.		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: NONE.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	717	717
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	190	180
2. Mail Subscription (Paid and or requested)	367	370
3. Paid Electronic Copies	17	17
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	574	567
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	41	43
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	615	610
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	87	93
2. Return from News Agents	15	14
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	717	717

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Business Manager
(Title)

State of South Dakota)
§
County of Haakon)

Sworn to before me this 27 day of Sept, 2018

Tamara Ravellette
Notary Public

(Seal)

My commission expires: 1-24-2020

Form: SOS REC 051 9/2016